



Scholarship Application Form for the Quarter Horse Racing Association of Indiana

Qualifiers for different maximum amount (Check which one you are applying for)

_____ \$2000 scholarships per year.
For **current members of at least one year, and those that are related to a member within two generations (parent/grandparent)**

_____ \$1000 scholarships per year.
For **Non members and not a relative to a member**

QHRAI Scholarships Rules

1. The Quarter Horse Racing Association of Indiana (QHRAI) Scholarship is for those planning to further their education & career. Scholarship recipients' chosen are not required to hold any QHRAI association memberships.
 - A. Recipient must be enrolled full time in an accredited college or vocational school, and the Scholarship Directors must receive proof of this enrollment, to disburse scholarship funds for the upcoming semester.
 - B. Recipient must be legally residing in the state of Indiana and be in good standing with Local, State and U.S. laws
 - C. Recipient may be a graduating 2011 high school senior, college freshman, sophomore, junior or senior in the current semester of 2011, or accepted into a vocational school of choice.

This Scholarship is made possible by the:

Quarter Horse Racing Association of Indiana

Scholarship Fund Managed and Disbursed by:

Quarter Horse Racing Association of Indiana

P.O. Box 307

Lebanon, IN 46052

General Information:

Applicant Name: _____
Address: _____
City/St/Zip: _____
Phone Number(s) _____
Birth Date _____ Sex _____
Email Address _____
Marital Status: _ Never Married _ Married _ Divorced _ Separated _ Widow(er)
Do you have any children? Yes ___ No ___
If yes, give age of each _____

Family Information:

Mother's Full Name: _____
Father's Full Name _____
[Custodial] Parent(s) Address: _____
Parent(s) City/St/Zip _____
Are you a U.S. Citizen? Yes ___ No ___
If not, from what country is your citizenship? _____
Are you a current QHRAI Member? Yes ___ No ___ How long? 1yr. 1-5yrs. 5-10yrs. 10yrs +
If No, Do you have any Family that's a QHRAI Member? Yes ___ No ___
 If yes, how long? 1yr. 1-5yrs. 5-10yrs. 10yrs + Name and Relationship _____
Are you a current IHRC license holder? Yes ___ No ___ How long? 1yr. 1-5yrs. 5-10yrs. 10yrs +
If No, Do you have any Family that's a current IHRC license holder? Yes ___ No ___
 If yes, how long? 1yr. 1-5yrs. 5-10yrs. 10yrs + Name and Relationship _____

Are you independent and living on your own? Yes ___ No ___
Do you provide for another dependent? Yes ___ No ___
If you are currently employed, please name employer _____
Employer's City, St _____
Employer's Phone _____
Are you the recipient of any other scholarships or grants? Yes ___ No ___
If yes, name scholarships/grants and amounts: _____
List specific reasons why you require financial assistance to attend school:

Academic Information:

High School:

Highest level completed (circle one) 9 10 11 12

Year of High School Graduation _____

If not in college/vocation, give date you will become a full-time college/vocation student _____

Name of High School _____

City, St _____

High School numerical average or cumulative GPA: _____

Are you enrolled in honors classes? Yes ___ No ___

Post High School:

Are you currently attending college or vocational school? Yes ___ No ___

If yes, check one: Full-Time (12+ hrs.) ___ Part-Time _____

Class Rank, (freshman, sophomore, etc.) _____

College/ vocational school name _____

City, St _____

College/vocational GPA: _____

Expected Date of Graduation _____

Will you attend graduate school? Yes ___ No ___

If you will attend graduate school, give planned degree & area of study

Awards, Activities and Interests:

School or Extracurricular Activities:

Interests/ Hobbies:

Awards & Recognitions Received:

Other Activities, Volunteer work, Seminars, Etc:

THIS APPLICATION IS TO BE ACCOMPANIED BY:

- A) Certified High School Transcript
- B) Certified College Transcript if applicable
- C) Single-page, double-spaced, typed 250 word max essay explaining why you feel you deserve to receive this scholarship
- D) Two letters of reference, non family related

Verification by Applicant

I hereby certify the statements recorded in this application are true and accurate, and that I meet all the requirements set forth in the QHRAI Scholarship Instructions and Rules. I understand if any statement presented in this application is untrue, I may be disqualified. If selected as a recipient, I understand that I may be listed on or in various Equine-related web sites and/or publications. My signature verifies I agree with and accept the information printed above.

Signature of
Applicant _____ Date _____

Signature of Parent or
Guardian _____ Date _____

**Deadline for the scholarship application postmarked by
April 15th, 2011**

Return this Scholarship Application to:

**Quarter Horse Racing Association of Indiana
P.O. Box 307
Lebanon, IN 46052**

WWW.QHRAI.NET

